

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket N . 42P16017

(maximum 12 characters)

First Named Inventor David H. HwangTitle: CRITICAL DIMENSION MEASUREMENT BY DIFFRACTIONExpress Mail Label No. EV 336 584 179 US

22154 U.S. PTO

10/662107



09/12/03

ADDRESS TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. X **Fee Transmittal Form (e.g., PTO/SB/17)**
(Submit an original and a duplicate for fee processing)
2. **Applicant Claims Small Entity Status. (37 CFR 1.27)**
3. X **Specification (Total Pages 14)**
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table,
or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. X **Drawings(s) (35 USC 113) (Total Sheets 5)**
5. X **Oath or Declaration (Total Pages 3)**
 - a. X Newly Executed (Original or Copy)
 - b. Copy from a Prior Application (37 CFR 1.63(d))
(for Continuation/Divisional with Box 18 completed)
 - i. **DELETIONS OF INVENTOR(S)** Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
 - c. Unsigned.
6. **Application Data Sheet. (37 CFR 1.76)**
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper

c.	Statements verifying identity of above copies
ACCOMPANYING APPLICATION PARTS	
9. <input checked="" type="checkbox"/> 10. <input type="checkbox"/> <input checked="" type="checkbox"/> 11. <input type="checkbox"/> 12. <input type="checkbox"/> <input type="checkbox"/> 13. <input type="checkbox"/> 14. <input checked="" type="checkbox"/> 15. <input type="checkbox"/> 16. <input type="checkbox"/> 17A. <input type="checkbox"/>	Assignment Papers (cover sheet & documents(s)) a. Separate 37 CFR 3.73(b) Statement (where there is an assignee) b. Power of Attorney English Translation Document (if applicable) a. Information Disclosure Statement (IDS)/PTO-1449 (or PTO/SB/08) b. Copies of IDS Citations Preliminary Amendment Return Receipt Postcard (MPEP 503) (Should be specifically itemized) Certified Copy of Priority Document(s) (if foreign priority is claimed) Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. Other: _____
17B. <input checked="" type="checkbox"/>	Pursuant to 37 C.F.R. 1.136(a)(3), applicant(s) hereby request and authorize the U.S. Patent and Trademark Office to (1) treat any concurrent or future reply that requires a petition for extension of time as incorporating a petition for extension of time for the appropriate length of time and (2) charge all required fees, including extension of time fees and fees under 37 C.F.R. 1.16 and 1.17, to Deposit Account No. 02-2666.
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet Under 37 C.F.R. 1.76: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Of Prior Application No.: _____ Examiner _____ Group Art Unit _____ </div> <p style="font-size: small; margin-top: 5px;"> (which is a <input type="checkbox"/> continuation/ <input type="checkbox"/> divisional/ <input type="checkbox"/> CIP of prior application no. _____, which is a <input type="checkbox"/> continuation/ <input type="checkbox"/> divisional/ <input type="checkbox"/> CIP of prior application no. _____) (List entire chain of priority) </p> <p style="font-size: small; margin-top: 5px;"> Applicant(s): Also include a Preliminary Amendment to amend the specification to claim priority. For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. </p>	
19. Correspondence Address <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Customer Number or Bar Code Label _____ (Insert Customer No. or Attach Bar Code Label) </div> <p style="text-align: center; margin-top: 5px;">or</p> <p>here) <input checked="" type="checkbox"/> Correspondence Address Below</p> <p>NAME <u>Michael A. Bernadicou</u></p> <p>BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP</p> <p>ADDRESS <u>12400 Wilshire Boulevard</u></p> <p><u>Seventh Floor</u></p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> CITY <u>Los Angeles</u> STATE <u>California</u> ZIP CODE <u>90025</u> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Country <u>U.S.A.</u> TELEPHONE <u>(408) 720-8300</u> FAX <u>(408) 720-8383</u> </div>	
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> Name (PRINT/TYPE): <u>Michael A. Bernadicou</u> Registration No.: <u>35,934</u> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature: <u></u> Date: <u>7/12/03</u> </div>	

FEE TRANSMITTAL FOR FY 2003

TOTAL AMOUNT OF PAYMENT (\$) \$876.00

Complete if Known:

Application No. Not yet assigned

Filing Date Herewith

First Named Inventor David H. Hwang

Group Art Unit Not yet assigned

Examiner Name Not yet assigned

Attorney Docket No. 42P16017

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666

Deposit Account Name _____

☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed: ☒ Check
☐ Money Order
☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1001	740	2001	370	Utility application filing fee	<u>\$750.00</u>
1002	330	2002	165	Design application filing fee	_____
1003	510	2003	255	Plant filing fee	_____
1004	740	2004	370	Reissue filing fee	_____
1005	160	2005	80	Provisional application filing fee	_____
SUBTOTAL (1)					<u>\$ 750.00</u>

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	<u>27</u>	- 20** = <u>7</u>	X \$18.00 =	<u>\$126.00</u>
Independent Claims	<u>3</u>	- 3** = <u>0</u>	X \$84.00 =	<u>\$0.00</u>
Multiple Dependent			\$280.00 =	<u>\$0.00</u>

**Or number previously paid, if greater; For Reissues, see below.

Large Entity		Small Entity		Fee Description	Fee Paid
Code	Fee (\$)	Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	_____
1201	84	2201	42	Independent claims in excess of 3	_____
1203	280	2203	140	Multiple dependent claim, if not paid	_____
1204	84	2204	42	**Reissue independent claims over original patent	_____
1205	18	2205	9	**R issu claims in excess of 20 and ov r iginal pat nt	_____
SUBTOTAL (2)					<u>\$ 126.00</u>

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>		
1051	130	2051	65	Surcharge - late filing fee or oath	_____
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	_____
1053	130	1053	130	Non-English specification	_____
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	_____
1813	8,800	1813	8,800	Request for inter parties reexamination	_____
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	_____
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	_____
1251	110	2251	55	Extension for reply within first month	_____
1252	400	2252	200	Extension for reply within second month	_____
1253	920	2253	460	Extension for reply within third month	_____
1254	1,440	2254	720	Extension for reply within fourth month	_____
1255	1,960	2255	980	Extension for reply within fifth month	_____
1401	320	2401	160	Notice of Appeal	_____
1402	320	2402	160	Filing a brief in support of an appeal	_____
1403	280	2403	140	Request for oral hearing	_____
1451	1,510	1451	1,510	Petition to institute a public use proceeding	_____
1452	110	2452	55	Petition to revive - unavoidable	_____
1453	1,280	2453	640	Petition to revive - unintentional	_____
1501	1,280	2501	640	Utility issue fee (or reissue)	_____
1502	460	2502	230	Design issue fee	_____
1503	620	2503	310	Plant issue fee	_____
1460	130	1460	130	Petitions to the Commissioner	_____
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	_____
1806	180	1806	180	Submission of Information Disclosure Stmt	_____
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	_____
1809	740	2809	370	For filing a submission after final rejection (see 37 CFR 1.129(a))	_____
1814	110	2814	55	Statutory Disclaimer	_____
1810	740	2810	370	For each additional invention to be examined (see 37 CFR 1.129(b))	_____
1801	740	2801	370	Request for Continued Examination (RCE)	_____
1802	900	1802	900	Request for expedited examination of a design application	_____
1504	300	1504	300	Publication fee for early, voluntary, or normal pub.	_____
1505	300	1505	300	Publication fee for republication	_____
1803	130	1803	130	Request for voluntary publication or republication	_____
1808	130	1808	130	Processing fee under 37 CFR 1.17(i) (except provisionals)	_____
1454	1,280	1454	1,280	Acceptance of unintentionally delayed claim for priority	_____

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$0.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Michael A. BernadicouSignature: *Michael A. Bernadicou* Date: 9/12/03Reg. Number: 35,934 Telephone Number: (408) 720-8300